

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name Idaho Power- Oxbow Village

PWS ID# 4 1 00384

Month/Year Dec/2021

EP-B, Entry Point for
 Entry Point: Copperfield Park Well

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	0700	Booster Pump	.25	
2	0700	Booster Pump	.26	House 5613 .14
3	0700	Booster Pump	.29	
4	0700	Booster Pump	.28	
5	0700	Booster Pump	.25	
6	0700	Booster Pump	.26	House 851 .14
7	0700	Booster Pump	.24	
8	0700	Booster Pump	.26	
9	0800	Booster Pump	.25	House 5620 .15
10	1000	Booster Pump	.24	
11	1030	Booster Pump	.27	
12	1640	Booster Pump	.27	
13	0800	Booster Pump	.22	House 567 .19
14	0915	Booster Pump	.25	
15	0845	Booster Pump	.22	
16	0815	Booster Pump	.25	House 5613 .18
17	0900	Booster Pump	.26	
18	0900	Booster Pump	.26	
19	0735	Booster Pump	.26	
20	1400	Booster Pump	.24	House 851 .14
21	1145	Booster Pump	.26	
22	0700	Booster Pump	.23	
23	0930	Booster Pump	.21	House 5620 .12
24	0700	Booster Pump	.20	
25	0700	Booster Pump	.20	
26	0700	Booster Pump	.22	
27	0700	Booster Pump	.22	House 567 .13
28	0800	Booster Pump	.22	
29	0700	Booster Pump	.24	House 5613 .16
30	0700	Booster Pump	.25	
31	0700	Booster Pump	.27	

Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to 0.2 mg/L?
 Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name:

Title: *Building Maintenance Tech*

Operator Certification #:

Signature: *[Handwritten Signature]*

Phone #: *541 (208) 795-7225*

OR

Date: *1 13 122*

Small Groundwater System